

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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November 18, 2004

NOV 23 2004

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT

Sir:

In response to the Office Action dated August 18, 2004, please amend the application as indicated below.

IN THE TITLE:

Please replace the title with the following title:

--IMAGE DATA RECORDING DEVICE, METHOD FOR CONTROLLING IMAGE
DATA RECORDING DEVICE, AND A PROGRAM FOR CONTROLLING AN IMAGE
DATA RECORDING SYSTEM, EACH USING A COMMON KEY--.

41



In re Application of:

Osamu IWASAKI

Application No.: 09/770,248

Filed: January 29, 2001

For: IMAGE PROCESSING APPARATUS

Docket No.: 03500.015064

Examiner: T. Pham

Group Art Unit: 2624

Date: November 18, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 23 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	11	= 0	x \$44 \$88	\$ 0.00
Fee for Multiple Dependent claims \$150/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

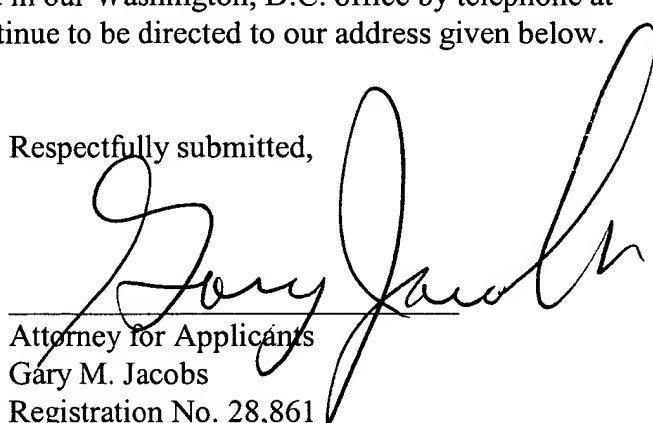
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Gary M. Jacobs
Registration No. 28,861

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